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ABSTRACT

This brochure was written to help those considering a workplace smoking policy. It begins with a set of facts about workplace smoking and discusses legislation in various states concerning smoking at work. The health consequences of involuntary smoking are also explored. Other sections examine the need for workplace smoking policies, how employees may react to a smoking policy, and what other companies are doing. Guidelines are provided for employers to consider before they implement a smoking policy. It is recommended that companies: (1) involve all relevant parties in the policy development; (2) perform a needs assessment; (3) learn about local, state, and city laws regarding smoking and the workplace; (4) provide advance notice before a policy is implemented; (5) adopt a flexible approach to policy design and implementation; (6) consider offering training to employees; (7) establish clear authority and an enforcement policy before the workplace smoking policy is implemented; and (8) evaluate the success of the program to allow for periodic adjustments. A resource section on National Heart, Lung, and Blood Institute publications provides information on how to create corporate smoking policies. Eleven publications available from other sources are also listed and briefly annotated. (NB)

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IT'S YOUR BUSINESS . . . SMOKING POLICIES FOR THE WORKPLACE

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We wish to thank the attendees of the NHLBI Corporate Smoking Policy Workshop for their valuable contributions to this document: Kay Bryant, R.N.; Chwee Lye Chng, Ph.D.; Nancy Doyle; Michael Eriksen, Sc.D.; Arthur Hilsinger; Katrina Johnson, Ph.D.; William Kizer, Sr.; R. Craig Lefebvre, Ph.D.; Marsha McCabe, M.S.; Daniel Merrigan, Ed.D., M.P.H.; Sydney Parker, Ph.D.; Richard Windsor, Ph.D., M.P.H. Special recognition is also extended to Joan Wittan, M.A., for her contributions.



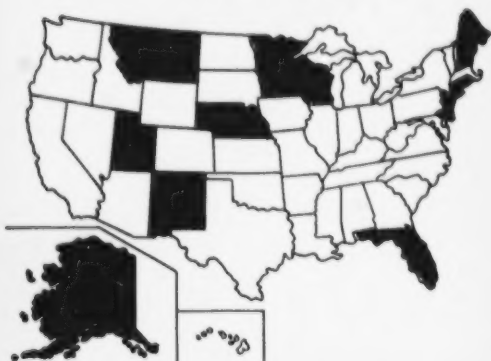
"It is now clear that disease risk due to the inhalation of tobacco is not limited to the individual who is smoking but can extend to those who inhale tobacco smoke emitted in the air . . . the time for delay is past; measures to protect the public health are required now."

C. Everett Koop, Surgeon General

Facts About Workplace Smoking

- 85% of nonsmokers and 62% of smokers believe that people should not smoke in the presence of nonsmokers.¹
- Legislation in 13 states, at least 70 communities, and more than 200 municipalities regulate smoking in the private sector workplace.²
- 36% of worksites with 750 or more employees, 25% of worksites with 250-749 employees, 29% of worksites with 101-249 employees, and 25% of worksites with 50-100 employees have formal, restrictive smoking policies.³

Smoking at the workplace is currently regulated by a combination of private initiative and government action. The map below depicts the 13 states that currently have legislation about smoking at work.



However, besides legislation, there are compelling reasons to consider a workplace smoking policy. Companies care

about creating healthier workplaces for their employees. Implementing corporate smoking policies demonstrates commitment and support for employees' health and well being.

At Hasbro, Inc., a manufacturing firm in Rhode Island, a smoking policy was introduced in 1986 in response to a newly created state law. This policy allows smoking only in designated areas. The Hasbro policy was carefully planned; it was well received by employees and totally supported by management. To support the policy, quit-smoking programs were offered and partially reimbursed by the company for interested employees. No negative feedback about the policy was received.

The News About Involuntary Smoking

Information recently released in *The Health Consequences of Involuntary Smoking: A Report of the Surgeon General* has made the case for adopting a workplace smoking policy even more convincing. For more than 20 years, researchers have known that cigarette smoking causes disability and death in smokers. More recently, the question of whether exposure to environmental tobacco smoke (ETS) could be harmful to nonsmokers has been investigated. Based on a review of a series of studies, the Surgeon General concluded that:

- Involuntary smoking is a cause of disease in healthy nonsmokers, and
- Simple separation of smokers and nonsmokers within the same air space may reduce, but does not eliminate, exposure to environmental tobacco smoke.



What Does This Mean for Your Organization?

Common law requires that corporations must provide workplaces that are reasonably free from potential hazards. Beginning in the 1970's, an increasing number of public and private sector institutions have adopted policies to protect individuals from ETS by restricting the circumstances in which smoking is permitted. And with good reason - undiluted side-stream smoke (smoke from a burning cigarette) is characterized by *significantly higher* concentrations of many of the toxic and carcinogenic compounds found in mainstream smoke.

How Will Employees React to a Smoking Policy?

Public opinion polls document strong and growing support for restricting or banning smoking in a wide range of public places. A series of scientific studies indicate that workplace smoking policies are generally well accepted by smokers and non-smokers. Policies appear to be followed by a decrease in smokers' cigarette consumption at work and an increase in enrollment in company-sponsored smoking cessation programs.

At Hilsinger Corporation, an optical manufacturing firm in Massachusetts, CEO Art Hilsinger researched, developed, and implemented a smoking policy for his 100 employees after losing a valued employee who could not tolerate the exposure to ETS. Smoking cessation courses were offered by the American Lung Association and paid for in full by the company. Mr. Hilsinger reports that no employees quit because of the policy. In fact, many employees personally thanked Mr. Hilsinger for his efforts.

What Are Other Companies Doing?

A May 1986 report by the Office of Technology Assessment of the U.S. Congress, "Passive Smoking in the Workplace: Selected Issues," concluded that most workplace smoking policies restrict smoking in areas such as auditoriums, elevators, and conference rooms. Some businesses allow smoking only in designated areas. Others have banned smoking entirely from the workplace; a small number hire only nonsmokers.

Northeast Telephone of Boston, Massachusetts created a stepped-approach smoking policy for its 29,000 employees. Because of the difficulty of implementing policies at over 1,500 workplaces, a carefully planned, gradual program was chosen. Phase One began in the fall of 1985 with a designated smoking policy. Phase Two began in the spring of 1986 with a ban on smoking at workstations. A survey of program participants revealed that 28% of smokers quit and 27% cut back significantly as a result of the cessation classes.

Smoking policy development at the newspaper offices in Portland, Maine (which publishes the **Portland Press Herald**, the **Evening Express**, and the **Maine Sunday Telegram**) included employees at every step of the process. In 1984, a memo was circulated that documented the need for a policy and asked for the "cooperation and understanding of everyone to make it work." The general manager of the Portland newspapers and the presidents of the three unions whose members were employees of the firm signed the memo. The policy - which allowed smoking only in designated areas - went into effect in three phases, over a 6-month period, and was extremely well accepted.

What Is Right for My Company?

Workplace smoking policies should be tailored to the needs of individual organizations. While policies and implementation plans will differ, these key guidelines should be considered by planners before implementing a smoking policy:

- Involve all relevant parties from the beginning, including employee representatives, management, and unions.
- Perform a needs assessment of the specific corporate situation, including other company policies, the physical layout of office and production areas, and the needs and interests of employees and unions.
- Learn about local, state, or city laws regarding smoking at the workplace.
- Provide plenty of advance notice for a new policy or a change in policy (i.e., from a designated smoking policy to a total ban).



Pacific Northwest Bell headquartered in Seattle, Washington, is a smoke-free business. In 1983, an employee survey was conducted to determine attitudes and practices about smoking. A broad-based steering committee was then formed, which includes such people as union representatives, safety people, and medical, legal, and public relations representatives. A designated nonsmoking area policy was implemented. Based on a grassroots campaign to strengthen the policy, a presentation was made to management requesting a complete no-smoking policy. A significant aspect of the presentation was the attendance of union representatives. In response to a union request, free smoking cessation classes are offered to employees. The smoking ban was implemented over a year and a half ago, and no grievances have been filed.

- **Adopt a flexible approach throughout the design and implementation of your policy. For example, many companies report that gradually implementing a**

smoking policy - starting with a designated area smoking policy and moving towards a total ban - is effective and nonthreatening.

The smoking policy was phased in gradually at the Provident Indemnity Life Insurance Company. In January 1982, the policy was initiated by prohibiting smoking in meetings. Next a ban on smoking at employees' work stations was added. Later, employees were allowed to smoke only for 1 hour per day in the lunch room. Finally, a total ban was imposed in September 1983. In conjunction with the implementation of the policy, smoking cessation classes for employees and spouses were offered. Provident Indemnity feels that the policy has really "paid off."

The National Institutes of Health (NIH), a Federal biomedical research institution in Bethesda, Maryland, will establish a completely smoke-free workplace on September 1, 1987. Formerly, the 16,000-employee research institution had a policy that restricted smoking to certain areas. However, according to NIH Director, Dr. James B. Wyngaarden, "There is compelling cause for a smoke-free policy when one considers that each year thousands die prematurely due to smoking-related chronic obstructive pulmonary disease, cancer, and cardiovascular diseases." Smoking cessation programs are currently available for all employees who want assistance with quitting.

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- Consider offering (or integrating into existing programs) training on dealing with change for all levels of management.

- Establish clear authority and an enforcement policy before implementing the policy.
- Evaluate the success of the program to allow for periodic adjustments.

Where Can I Get More Information?

The following resource section provides information on how to create corporate smoking policies. Some materials present general overviews; others detail specific procedures to create policies. These listings are not exhaustive, nor do they imply endorsement by the National Heart, Lung, and Blood Institute, but they are a place to begin. (There is no charge for the materials unless otherwise indicated.)

NATIONAL HEART, LUNG, AND BLOOD INSTITUTE (NHLBI) PUBLICATIONS,
National Heart, Lung, and Blood Institute,
National Institutes of Health, Building 31,
Room 4A18, Bethesda, Maryland 20892.
Single copies are available free of charge.

- *Clinical Opportunities: A Guide for the Busy Physician.* 1986. NIH Publication No. 86-2178.
Highlights the clinical opportunities available to the physician and other personnel in the physician's office to help patients stop smoking. The five key smoking intervention steps explained here can be incorporated easily into the physician's medical practice protocol. (32 pgs.)
- *We Can't Go On Like This - Video Vignettes for Smoking Intervention Programs.* 1983.
Brochure and order form describing seven video vignettes illustrating the psychology of smoking and the difficulties in trying to stop. Useful for patient education, smoking awareness and intervention, maintenance sessions, and individual and group sessions. (8 pgs.)

Also available from NHLBI:

- *Smoking, Tobacco, and Health: Fact Book*. 1987. DHHS Publication No. (CDC) 87-8397.
Fact book dealing with the medical, social, and economic aspects of cigarette smoking as the chief preventable cause of death in the United States. (44 pgs.)
- *State and Local Programs on Smoking and Health*. 1986. PHS Publication No. 86-50190.
Volume that describes programs designed to reduce smoking among the American population. Programs include cessation clinics, prevention efforts aimed at worksites, community and patient education, mass media campaigns, and individual self-help and counseling. (151 pgs.)

Publications Available from
Other Sources

- *Toward A Smoke-Free Workplace: A Handbook for the Business Community*, New Jersey Group Against Smoking Pollution, 105 Mountain Avenue, Summit, New Jersey 07901, (201) 273-9368, 1985.
Booklet that helps employers examine the medical evidence about smoking, discusses legal implications, and provides lists of companies with policies as well as those that ban smoking and hire non-smokers. (20 pgs.)
- *A Decision Maker's Guide to Reducing Smoking at the Worksite*, Office of Disease Prevention and Health Promotion and Office on Smoking and Health, PHS, DHHS, 1985. (Distributed by the American Cancer Society; contact your local chapter for a single, free copy.)
Booklet about the health consequences of smoking, how employees feel about smoking on the job, laws and court decisions that support smoking restrictions and bans, and involving employees in developing policies. (42 pgs.)

- *A Smokefree Workplace: An Employer's Guide to Nonsmoking Policies*, Americans for Nonsmokers' Rights, 2054 University Avenue, Suite 500, Berkeley, California 94704, (415) 841-3032, 1985. (\$5.00. Please send check with order, made out to Americans for Nonsmokers Rights Foundation.)

Booklet on workplace smoking and the law, labor relations, risks of secondhand smoke, costs of smoking, and model smoking policies. (12 pgs.)

- *Where There's Smoke: Problems and Policies Concerning Smoking in the Workplace*, Bureau of National Affairs, Inc., 1986. [For costs and ordering information, call (800) 372-1033.]

Report that presents an overview of issues and examines in-depth the smoking programs and policies at more than a dozen companies. (140 pgs.)

- *Taking Executive Action, Creating Your Company Policy*, American Lung Association, 1985. (Contact your local American Lung Association; usually no charge, but varies if the association offers a consultation service.)

Two booklets that present the health reasons for company policies and outline a step-by-step approach to developing and implementing policies. (8 pgs. and 24 pgs., respectively.)

- *Heart At Work*, American Heart Association, 1984. (Contact your local chapter for fees and information.)

Packet of materials to help organize work-site programs to combat smoking as well as high blood pressure. Includes information on nutrition, exercise, and early warning signs of a heart attack, and presents guidelines for setting up a Worksite Task Force, Marketing Team, and Program Implementation Team.

- *Model Policy for Smoking in the Workplace*, American Cancer Society, 1985. (Contact the local chapter of the American Cancer Society.)

Booklet presents a model policy for companies. (8 pgs.)

- *Improving the Work Environment: A Management Guide to Smoke-Free Work Areas*, Environmental Improvement Associates, 109 Chestnut Street, Salem, New Jersey, 08079, 1983.

Booklet discusses company profits lost because of smoking, why companies should restrict smoking to protect non-smokers, and summaries of legal decisions upholding rights of nonsmoking office workers. (30 pgs.)

- *Smoke-Free Work Areas: A Guide For Employees*, Environmental Improvement Associates, 109 Chestnut Street, Salem, New Jersey, 08079, 1985.

Booklet that outlines reasons why employees should be concerned about workplace smoking, sample letters to write to union representatives, and excerpts from affidavits in nonsmokers' cases. (26 pgs.)

- *Passive Smoking in the Workplace: Selected Issues*, Staff Paper, prepared by the Special Project Office of the Health Program, Office of Technology Assessment, U.S. Congress, May 1986.

Paper about the health effects of passive smoking, types of policies in force in public and private sectors, and costs and effects of those policies. Prepared at the request of Senator Ted Stevens. (70 pgs.)

- *The Health Consequences of Involuntary Smoking: A Report of the Surgeon General*, Centers for Disease Control, Center for Health Promotion and Education, Office on Smoking and Health, reprinted 1987. DHHS (CDC) 87-8398.

Examines the evidence that the lower exposure to smoke received by the non-

smoker carries with it a health risk. Also includes a chapter on policies restricting smoking in public places and the workplace. (332 pgs.)

¹ The Gallup Organization, *Attitudes About Public Smoking*, 1985 and 1983 Surveys, Available from the American Lung Association, New York, New York.

² Office of Technology Assessment, U.S. Congress, *Passive Smoking in the Workplace: Selected Issues*, Staff Paper Prepared by the Special Projects Office of the Health Program of OTA, 1986.

³ Office of Health Promotion and Disease Prevention, Department of Health and Human Services (U.S. Government), *National Survey of Workplace Health Promotion Activities*, Draft of Final Report, June 1986.

For more information about the NHLBI workplace activities or smoking program, please contact:

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